

POSITION	INITIALS	ID N°.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/5/91
FORMALITY REVIEW	ht	907	1/10/91
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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